

2054

PLACE OF BIRTH Gila

ARIZONA STATE BOARD OF HEALTH

1. County of Gila BUREAU OF VITAL STATISTICS State Index No. 140
 District of _____ ORIGINAL CERTIFICATE OF BIRTH County Registrar No. 726
 Town of miami Local Registrar No. _____
 or _____ No. 419 Copper Canyon St. _____ Ward _____
 City of _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maria Magdalena Contreras If child is not yet named, make supplemental report, as directed.

3. Sex of Child female To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. Legitimate? yes 6. Date of birth Sept 15 1924
 Month day year

5. No., in order of birth. _____

8. FATHER Full name Antonio Legarda Contreras 14. MOTHER Full maiden name Magdalena Ramirez

9. Residence (Usual place of abode) Miami, Arizona 15. Residence (Usual place of abode) Miami, Arizona
 If nonresident, give place and state If nonresident, give place and state

10. Color or race Mexican 16. Color or race Mexican
 11. Age at last birthday 27 (Years) 17. Age at last birthday 18 (Years)

12. Birthplace (city or place) Mexico 18. Birthplace (city or place) _____
 (State or country) (State or country) Mexico

13. Occupation Pipe-man; Copper mine 19. Occupation Housewife
 Nature of industry Nature of industry

20. Number of children of this mother (a) Born alive and now living 1 21. Were precautions taken against ophthalmia neonatorum? yes
 (Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 0
 (c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7:17 P. on the date above stated.
 (Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

Signature J. J. Miller (Physician or midwife)
 Address Miami, Arizona
 Given name added from _____
 a supplemental report _____
 Month, day, year. _____

Filed Sept 30, 1924 _____
 Filed 10-6, 1924 _____
 Registrar. _____ County Registrar. _____

432-915-499